

SCORED: LOCAL EXPERIENCE WITH FRAX SCORING FOR ASSESSING FRACTURE RISK IN PEOPLE WHO INJECT DRUGS (PWIDS) AND LIVE WITH HIV (LWHIV).

Authors:

Wilson C¹, Virhia R¹, Grimshaw C¹, Peters E¹

¹ Hunter Street Health Centre, Glasgow

Background:

HIV infection and opiate use are associated with reduced bone mineral density (BMD). BHIVA recommends using the 'FRAX score' to identify PLWHIV at risk of osteoporotic fracture. Neither HIV nor drug use is included in the FRAX score and it can be challenging to regularly assess bone health in people with chaotic lifestyles. We audited our practice of FRAX scoring in a PWID cohort, identifying whether retrospective scoring was feasible and assessing whether the inclusion of HIV/drug use as secondary osteoporosis risk factors affected an individual's FRAX score.

Methods:

PWIDs LWHIV over the age of 40 years and known to Glasgow's Blood Borne Virus service were identified from service records. Clinical notes were reviewed for FRAX score documentation. A retrospective FRAX score was calculated and then re-scored adding a secondary osteoporosis risk factor to model risk from HIV and drug use.

Results:

The medical records for 91 PWIDs LWHIV were reviewed. Six were excluded due to incomplete data. Three patients had a formal FRAX score documented previously. Thirty-two people had a history of fracture of which 6 could be categorised as fragility fractures. Retrospective FRAXs scores were calculated for the remaining 82 patients. Of these, 88% had a 10-year risk of major osteoporotic fracture >2.5% for whom guidelines recommend formally measuring BMD. No individuals were scored as high risk (guidelines recommend requiring treatment). Addition of a secondary risk factor increased mean FRAX score by 1.2 points, increasing the scores of 5 individuals into the high risk category (requiring treatment).

Conclusion:

Addition of HIV and drug use as secondary risk factors for osteoporosis significantly increases FRAX scores and will better identify those who require treatment. A pragmatic approach to scoring can triage those who would benefit from more focused assessment.

Disclosure of Interest Statement:

The conference collaborators recognise the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

I confirm all authors (Catherine Wilson, Roma Virhia, Ceilidh Grimshaw and Erica Peters) have no disclosures.